

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
OCT 08 2013
Bayfield Co. Zoning Dept.

Permit #: 13-0258
Date: 10-15-13
Amount Paid: \$412 Cash
Refund: \$125.00 Cash

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: CLARE HINTZ	Mailing Address: SAME	City/State/Zip:	Telephone: 715-774-3153
Address of Property: 16550 NICOLETT		City/State/Zip: HERBSTER WI 54844	Cell Phone:
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION SW 1/4, NE 1/4		PIN: (23 digits) 04-014-2-50-07-03-1 03-000-10000	Recorded Document: (i.e. Property Ownership) Volume 779 Page(s) 448
Section 3, Township 50 N, Range 7 W		Town of: CLOVEL	Lot Size: Acreage 40
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →		Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland		Distance Structure is from Shoreline: 460 feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 4500	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type:	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type:	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: HOOD TRAP		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/>	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet			
<input type="checkbox"/>			<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it) Length: 30 FT. Width: 36 FT. Height: 15 FT.

Proposed Construction: Length: 30 FT. Width: 36 FT. Height: 15 FT.

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	()	()	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with (2 nd) Deck	()	()	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck	()	()	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	()	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date)	()	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify)	()	()	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Accessory Building (specify) HOOD HOUSE	(30 X 36)	()	1080
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	()	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain)	()	()	
OCT 15 2013	<input type="checkbox"/> Conditional Use: (explain)	()	()	
Secretariat Staff	<input type="checkbox"/> Other: (explain)	()	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Clare Hintz Date 10/8/2013
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) **Show Location of: Proposed Construction**
North (N) or Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

SEE ATTACHED

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	300 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	300 Feet	Setback from the River, Stream, Creek	460 Feet
		Setback from the Bank or Bluff	— Feet
Setback from the North Lot Line	1175 Feet	Setback from Wetland	— Feet
Setback from the South Lot Line	300 Feet	Setback from 20% Slope Area	— Feet
Setback from the West Lot Line	428 Feet	Elevation of Floodplain	N/A Feet
Setback from the East Lot Line	908 Feet		
Setback to Septic Tank or Holding Tank	142 Feet	Setback to Well	75 Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>13-0358</u>		Permit Date: <u>10-15-13</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: <u>VERIFY OK TO COMMENCE CONSTRUCTION</u>		Zoning District <u>(R-1)</u>				
Date of Inspection: <u>10-11-13</u>		Inspected by: <u>J. Greenboro Murphy</u>		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)		Date of Approval: <u>10-14-13</u>				
Signature of Inspector: <u>[Signature]</u>						
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>						

NOT PERMITTED FOR THUNDERBOLT ACTIVATION. FOR PERSONAL USE ONLY. STAYS TO GENERATE PUBLIC AND PRIVATE RESERVE SPECIAL PERMITS.

Field County, WI

N ↑

04-014-2-50-07-03-2 04-000-10000

04-014-2-50-07-03-1 03-000-10000

04-014-2-50-07-03-1 04-000-10000

Clover

HOOP HOUSE

1350 N. COLETTI RD

04-014-2-50-07-03-4 02-000-12000

04-014-2-50-07-03-4 01-000-10000

100m

400ft

SUBMIT: COMPLETED APPLICATION TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
OCT 14 2013

Per ENTERED 13-0346
Date 10-18-13
Amount Paid: \$75
Refund: 10-15-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Owner's Name: <u>LAURENCE E. PACINI</u>	Mailing Address: <u>5399 WHIPPOORWILL, KAAPAMAZA, MI</u>	City/State/Zip: <u>48209</u>	Telephone: <u>365</u>
Address of Property: <u>16350 BUSCH TOWN RD</u>	City/State/Zip: <u>HEBSTER, WI 54844</u>	Contractor Phone: <u>765-774-3808</u>	Plumber: <u>501-3686</u>	Cell Phone: <u>353-7271</u>
Contractor: <u>JOE HOKANSON</u>	Agent Phone: <u>765-774-3808</u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				
PROJECT LOCATION: <u>NE 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-014-2-5D07-15-2 010001000</u>	Recorded Document: (i.e. Property Ownership) <u>853</u>	Page(s) <u>683</u>
<u>NE 1/4, NW 1/4</u>	Gov't Lot	Lot(s)	CSM	Vol & Page
Section <u>15</u> , Township <u>30</u> N, Range <u>07</u> W	Town of: <u>CLOVER</u>	Lot Size	Acreage: <u>40</u>	

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>NO</u> If Yes---continue -->	Distance Structure is from Shoreline: <u> </u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: <u> </u> feet		

Value at Time of Completion * Include donated time & material <u>\$25000</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property? <u>sewer to be installed from property to 16350 busch town rd</u>	Water
	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> BARRI	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>septic</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input checked="" type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>40</u>	Width: <u>36</u>	Height: <u> </u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with Loft		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with a Porch		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with (2") Porch		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with a Deck		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with (2") Deck		(<u> </u> X <u> </u>)	
<input type="checkbox"/> with Attached Garage		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Mobile Home (manufactured date) <u> </u>		(<u> </u> X <u> </u>)	
<input type="checkbox"/> Addition/Alteration (specify) <u> </u>		(<u> </u> X <u> </u>)	
<input checked="" type="checkbox"/> Accessory Building (specify) <u>POLE BUILDING</u>		(<u>36</u> X <u>46</u>)	<u>1446</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u> </u>		(<u> </u> X <u> </u>)	
Rec'd for Issuance			
<u>OCT 18 2013</u>			
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of information on I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property and information for the purpose of inspection.

Owner(s): Joe Hanson
(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

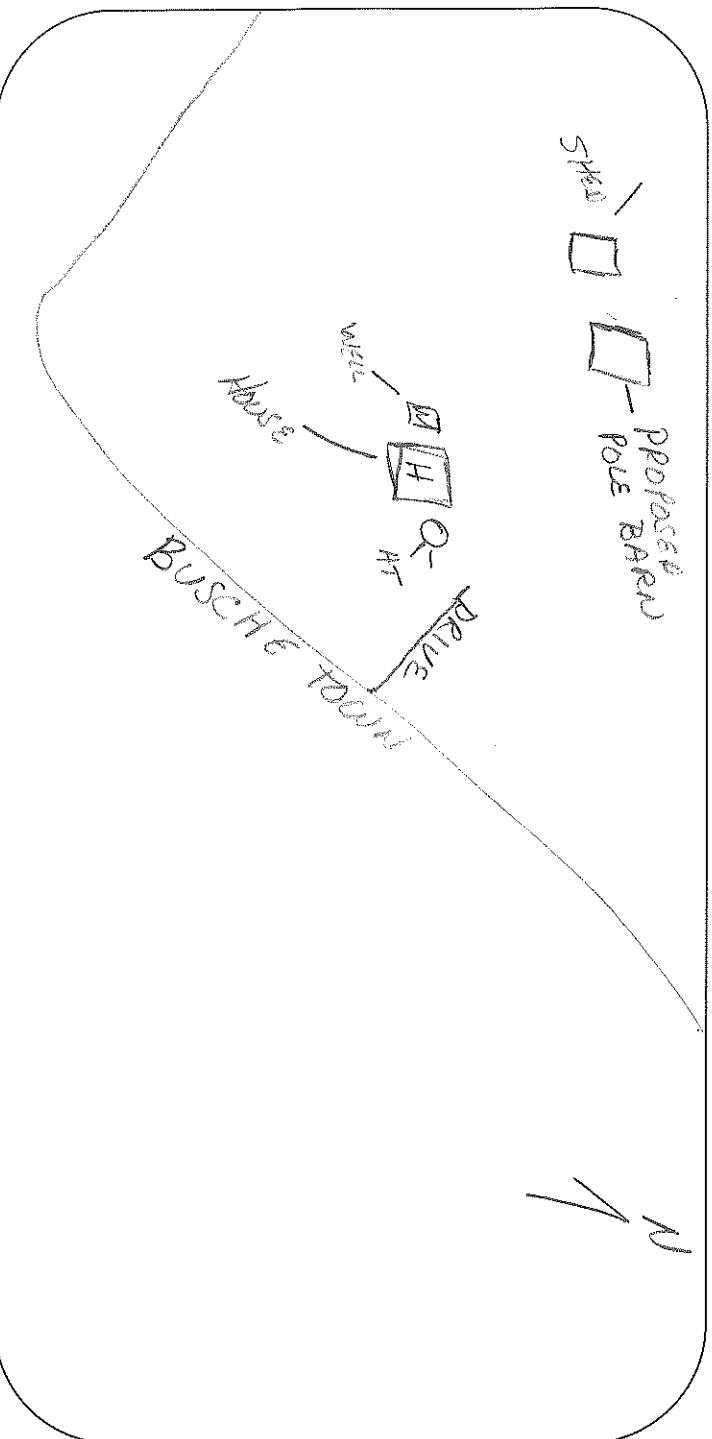
Authorized Agent: Joe Hanson
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Joe Hanson / 86275 BARK RIVER RD
HEBSTER, WI 54844
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	OVER 100 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	OVER 100 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	OVER 100 Feet	Setback from the Bank or Bluff	OVER 100 Feet
Setback from the South Lot Line	OVER 100 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	OVER 100 Feet	Setback from 20% Slope Area	OVER 100 Feet
Setback from the East Lot Line	OVER 100 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	OVER 100 Feet	Setback to Well	OVER 100 Feet
Setback to Drain Field	OVER 100 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>PRE-EXISTING</u>	# of bedrooms: <u>APPROX 1985 per owner</u>	Sanitary Date: <u>(4th generation family ownership)</u>	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>13-0306</u>		Permit Date: <u>10-18-13</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Deed of Record <input type="checkbox"/> Fused/Contiguous Lot(s) <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>N/A</u>	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>Could not locate faults. CAUSED WATER TO ASK ABOUT EXISTING SYSTEM. RESPONSE IS INDICATED ABOVE</u>		Zoning District: <u>AG-1</u>			
Date of Inspection: <u>10-16-13</u>		Inspected by: <u>J. CARMICHAEL</u>			
Condition(s): <u>NOT APPROVED FOR HUMAN HABITATION. SHALL NOT BE SERVED BY PRESSURIZED WATER OR INDOOR PLUMBING W/O NECESSARY PERMITS.</u>		Date of Re-Inspection: <u>10-17-13</u>			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>10-17-13</u>			
Hold For Sanitary: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	